

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024044

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 123

Primary Registration District No. 30225500

Registrar's No. 82

FILED JUL 9 1963

1. PLACE OF DEATH

a. COUNTY

Harrison

b. CITY (If outside corporate limits, give TOWNSHIP only)

Union Twp. Rural

Length of stay in 1b

6 WKS.

c. FULL NAME OF (If NOT in hospital, give location)

at home

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Harrison

c. CITY OR TOWN

Rural Union Twp.

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

Ridgeway, 4 Mile West

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Murriel

Middle

May

Last

Darnell

4. DATE OF DEATH

Month Day Year

7-3-1963

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-21-1890

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months Days

3 12

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

Harrison County, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Ambirs Sutherlin

13b. MOTHER'S MAIDEN NAME

Sylvia Long

14. NAME OF HUSBAND OR WIFE

Bert L. Darnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

no

no

16. SOCIAL SECURITY NO.

17. INFORMANT

John Darnell, Ridgeway, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

GENERALIZED CARCINOMATOSIS

INTERVAL BETWEEN ONSET AND DEATH

6 MONTHS

DUE TO (b)

ADENOCARCINOMA OF UTERUS

3 YEARS

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6/3/63 to 7/3/63 and last saw her alive on 6/17/63

Death occurred at 2 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D.O.

Bethany, Mo.

22b. ADDRESS

22c. DATE SIGNED

7-5-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-5-63

23c. NAME OF CEMETERY OR CREMATORY

Miriam

23d. LOCATION (City, town, or county)

Bethany, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

M.B. Haas, Bethany, Mo.

25. DATE RECD. BY LOCAL REG.

7-5-1963

26. REGISTRAR'S SIGNATURE

Gella May

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

1 0410

2 0410

3

4 1

5 2

6

7 0

8 2

9 174X

10

11

12 90-2

13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3899

P. O. Address Bethany Mo.

Note: The above MUST BE SIGNED, BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.